

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-1
Effective 1-1-65

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

I. Operator
Amerada Hess Corporation
Address
P. O. Box 591, Midland, Texas 79701
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐
Other (Please explain) CHANGE NAME FROM AMERADA DIV. AMERADA HESS CORPORATION TO: AMERADA HESS CORPORATION EFFECTIVE AUG. 1, 1971
If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>W. W. Hamilton "A"</u>	Well No. <u>2</u>	Pool Name, Including Formation <u>Knowles/Devonian</u>	Kind of Lease State, Federal or Fee <u>Patent</u>	Lease No.
Location Unit Letter <u>I</u> ; <u>1980'</u> Feet From The <u>South</u> Line and <u>660'</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>16-S</u> Range <u>38-E</u> , NMPM, <u>Lea</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Amoco</u>	Address (Give address to which approved copy of this form is to be sent) <u>3411 Knoxville, Lubbock, Texas 79413</u>	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Amerada Hess Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 591, Midland, Texas 79701</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>I</u>	Sec. <u>34</u>
	Twp. <u>16-S</u>	Rge. <u>38-E</u>
	Is gas actually connected? <u>Lease Use Only</u> When _____	

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

J. H. Driver
(Signature)
PRODUCTION RECORDS SUPERVISOR
(Title)

OIL CONSERVATION COMMISSION
APPROVED 1116 1971
BY J. H. Driver
TITLE PRODUCTION RECORDS SUPERVISOR
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
All sections of this form must be filled out completely for allow-

RECEIVED

AUG - 9 1971

**OIL CONSERVATION COMM,
HOBBS, N. M.**